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AUTHOR Marin, Gerardo; And Others
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ABSTRACT

A random sample of 100 Hispanic women waiting to receive birth control services at a low-cost community health center in East Los Angeles was interviewed to learn more about the fertility behavior, attitudes toward family size, and contraceptive use of barrio Hispanic women. The respondents were: young (averaging 27 years old), poorly educated (averaging 7.43 years of schooling), low socio-economic status ($666 average monthly household income), married (66%), mostly of Mexican origin (80%), and recent immigrants (85% being first generation Hispanics, i.e. born in Latin America). Results indicated the younger the women at the birth of their first child, the more children they had and desired. Those with fewer years of schooling had larger families. The best predictor of a woman's desired family size was her perception of her spouse's desired family size, indicating the powerful influence men appear to have and suggesting that men should be involved more actively by family planning providers. Being born in Latin America was positively associated with larger desired family size. The value placed on children by these Hispanic women and their husbands appeared to be a major factor in their higher fertility rate, a value formed by their culture, yet subject to acculturative influences. (NEC)

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THE MEANING OF CHILDREN FOR HISPANIC WOMEN[1]

Gerardo Marín, Barbara VanOss Marín & Amado M. Padilla

Spanish Speaking Mental Health Research Center

University of California, Los Angeles

Although birth and fertility rates for Hispanic women in the United States have been reported to be almost double the rates for non-Hispanics (U.S. Bureau of the Census, 1980a), the reasons for this remain largely unknown. Explanations of the high fertility rate of Hispanics include the following: poverty (Bean, 1973; Bean & Wood, 1974; Uhlenberg, 1973), alienation (Bullough, 1972), unemployment (Johnson, 1976), minority status (Marcum and Bean, 1976), catholicism (Nuttall, Nuttall & Sweet, 1972), and lack of interest in contraception (Buckhout, 1972). Lack of contraceptive use does not seem to be an appropriate explanation for higher fertility since data from national studies indicate that a large proportion (49%) of Hispanic women are contraceptive users, a proportion similar to that of non-Hispanics (Mosher, 1981).

One explanation of Hispanic fertility is related to the cultural value placed on having children. Hispanic women have consistently been found to report that they desire more children than non-Hispanics (Sabagh, 1980). The usual explanation for this larger desired number of children is the value placed on the family in Hispanic culture.

The concept of familismo includes beliefs that a man is more valuable and stronger if he has many children, that God will provide for all children who are born to a couple, and that one can depend on the family (nuclear as

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well as extended) in times of need (Szalay, Ruiz, Strohl, Lopez & Turbyville, 1978). This cultural value has been used to explain Hispanics' high desired number of children (4.0) when compared with non-Hispanics (2.45) (Buckhout, 1972) and to explain the great importance Hispanics place on having children (Esparza, 1977). Appealing as this explanation is, it is mostly unclear from the data available at the moment the impact that these beliefs in the value of the family have on Hispanic fertility.

This study explored the attitudes toward family size and contraceptive use of a group of barrio Hispanic women. It was expected that by studying their attitudes, more could be learned about the fertility behavior of these Hispanic women.

Method

Subjects

Respondents were a random sample of Hispanic women waiting to receive birth control services at a low-cost community health center in East Los Angeles (a densely Hispanic area of greater Los Angeles). The 100 respondents had an average age of 27 years and 85% were first generation Hispanics (i.e., the respondent was born in Latin America). Although a majority of the respondents were of Mexican origin, about 20% were from elsewhere in Latin America, so they will be designated here as Hispanics. Sixty-six percent were married and 20% were single with the rest being either divorced, separated or in a common law union. The average household income was $666 per month with the modal household having four individuals

including the respondent (mean number of household residents was 4.65 individuals). This mean income is $46 above the poverty levels fixed by the Community Services Administration for summer, 1980, when these interviews took place. Fifty-nine percent of the respondents were housewives or students, 35% worked either full or part time and 6% reported they were unemployed at the time of the interview. The educational level of the respondents was usually low with the average length of schooling being 7.43 years and only 23% having finished high school. By way of comparison, 35% of Mexican Americans nationally and 68% of the U.S. population have finished high school (U.S. Bureau of the Census, 1980b).

Procedure

Respondents were approached by a bilingual (English-Spanish) female interviewer while they waited to receive the clinic's services. Once they agreed to participate in the study, the respondents were interviewed in a private room of the clinic for approximately 45 minutes. With the exception of one respondent, all participants answered the interview in Spanish.

Interview Schedule

The interview schedule included a number of open- and closed-ended questions relating to desired family size, importance of children for respondent and partner, and attitudes toward birth control. It also included a detailed history of contraceptive use and fertility, attitudes toward and knowledge of various contraceptive methods, and demographic characteristics.

Results and Discussion

Attitudes Toward Family Size

The women in this study indicated that they wanted moderate rather than large families. The modal number of children desired by the respondents was three with the mean being 3.34. This number is larger than the average reported nationally (2.64) for nonHispanic women (Ryder & Westoff, 1977) but smaller than the number reported by Hispanic college students in California (4.0) (Buckhout, 1972). This result is consistent with Sabagh, (1980) who reported that Hispanic women were more likely than Anglo women to say that their third and fourth pregnancies were desired. While all of the women wanted at least one child, only 14% expressed a desire for five or more children. When asked to estimate the number of children their spouses desired, the modal number was four children with a mean of 3.46. Furthermore, 19% of the respondents felt their spouses desired five or more children.

At the time of the interview, the mean number of children per woman was 2.19 and 86% of the women had three or fewer children. Sixty-six percent of the respondents expressed a desire to have another child, with 53% of this latter group wanting one more child and 36% desiring two more children. The most frequently mentioned reasons for desiring another child were because they simply wanted more children (33% of the respondents) and because they wished to have children of both sexes (32%).

The importance of and reasons for having children were also explored. Respondents were asked to rate on a five-point scale how important it was for them to have children (with 5 indicating very important). The mean response to this question was 4.37 with only five respondents stating that having children was not important to them. When asked to state the reason why it is important to have children, 35% of the respondents mentioned the fact that children provide company to their parents. Twenty-one percent mentioned that having children was a way of achieving personal fulfillment and 11% felt that it was important for them to have children because they enjoyed them. These reasons are different from those mentioned by the respondents when asked to indicate why "people in general" have children. In this latter case, the majority of the respondents (61%) felt that the most important reason was because people like children. Two other reasons that were frequently mentioned were failure to use contraceptives (26%) and family pressures to have children (15%).

Respondents were also asked through an open-ended question, to state separately why they felt men and women had <u>many</u> children. Failure to use contraceptives was perceived to be the most important reason why women have many children, although this reason was second in importance for men where the major reason was perceived to be their <u>machismo</u>.

In order to check if there were differences in preferences for boys or girls, the respondents were asked to rate on a five-point scale how important it was for them to have boys or girls and to estimate their spouses' feelings regarding this same issue. Although the differences were small, the

women overall felt it was more important to have girls (M = 3.77) than boys (M = 3.54) (t (98)=1.33, n. s.) but felt their spouses would prefer boys (M = 3.69) to girls (M = 3.45) (t (93)=2.53, $p<.05$).

The interviews provided several indications that respondents were as concerned about controlling their family size as they were about having children. While the mean for importance of having children on a five-point scale was 4.37, the mean importance of controlling the number of children was 4.96 (t (97)=4.80, $p<.01$). When asked why it was important to control the number of children, the most frequent responses were cost (35%) and the desire to provide good care and a good education for those children already born (31%). A significant number (63%) of those not desiring another child also mentioned cost as the main reason for not having another child. A commonly heard saying in Latin America implies that parents should not be concerned with the costs of raising a new child since God provides what is needed (Cada hijo trae su pan debajo del brazo/Each child brings bread under the arm). However, when subjects rated their agreement with this saying, a majority of the respondents disagreed with the item (57%).

Prediction of Present and Desired Number of Children

A number of attitudinal and demographic variables were analyzed in an attempt to successfully explain the woman's fertility and her desired number of children. Since the respondents had been asked both their desired and their ideal number of children, these two measures were averaged to provide what will be referred to as the women's desired family size. Separate step-

wise multiple regressions were performed on fertility and desired family size as dependent variables using a similar set of predictor variables. The results of these analyses can be seen in Table 1.

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The age of the respondent was a good predictor of the number of children she had, and as might be expected, older women tended to have more children. Age of the respondent was also positively related to desired family size. Age at the birth of the first child was strongly and negatively related to fertility and to desired fertility. The younger the age of the women at the birth of their first child, the more children they had and desired. This may simply be a phenomenon of women expressing a desire for what is already a fact, or changing their desires to fit their actual situation (Hoffman & Hoffman, 1973).

The best predictor of a woman's desired family size was her perception of her spouse's desired family size. This factor was also significantly related to the number of children the woman presently had. This result is significant given previous studies with Hispanics where the role of the husband has been found to be significant in predicting oral contraceptive use (Nies, 1974). The powerful influence that the man appears to have on desired and actual

number of children and the cultural norms promoting fecundity for males suggest that men should be involved much more actively by family planning providers in order to increase the coverage of contraceptive programs.

While measures of acculturation have not always been associated with fertility (e.g., Sabagh, 1980), a simple indirect measure of acculturation used in this study provided some interesting findings. When place of birth was measured as a dichotomous variable (i.e., born in Latin America or in the United States), the regression analysis showed this variable to be of importance in predicting the desired number of children. In spite of the simplicity of this measure, having been born in Latin America was positively associated with larger desired family size. This is an important finding because a large number of Hispanics in the United States are foreign born. These results also corroborate recent findings suggesting that cultural assimilation is associated with reduced fertility among Mexican Americans (Gurak, 1980).

Another cultural item, "Every child brings bread under the arm" was related to the desired number of children. Agreement with this item was positively associated with a larger desired family size. Two other items were related to desired family size. These were the respondents' ratings of the importance of having children and the ratings of the importance of controlling the number of children they have. The women with larger desired family sizes rated both having children and controlling the number of children as more important than women with fewer children.

Most socioeconomic variables were essentially unrelated to the dependent variables. While employment status, marital status and income were measured and included in this analysis, none of them bore a significant relationship to fertility or desire family size probably due to lack of variability in the sample on these measures. Education, however, was negatively related to fertility, indicating that those with fewer years of schooling had larger families.

A word of caution is necessary regarding the data presented here. The respondents in this study are part of a well defined group of Hispanics: poorly educated, mostly of Mexican origin, low socio-economic status, and recent immigrants. They do not necessarily represent Hispanic women who are more advantaged economically or averse to contraception. Nevertheless, the group studied here is significant because their socio-demographic characteristics are common among Hispanics and because they represent those who have more difficulty obtaining family planning services, but do desire them.

The fertility of these low income Hispanic women appears to be influenced by a number of factors. The number of children desired, the husband's desire for children, level of education and of acculturation, and early marriage and childbearing are all variables that have been identified in this study as influential in the fertility of these women. The value placed on children by these Hispanic women and their husbands appears to be a major factor in their higher fertility rate, a value formed by their culture, yet subject to acculturative influences.

Note

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Table 1

Beta weights and R^2 for the relation between demographic/attitudinal variables and desired and actual number of children

Independent Variables	Dependent Variables	
	Number of Children in all	Desired Family Size
Age	.77**	.26**
Age at birth 1st child	-.54*	-.36**
Number spouse desires	.29**	.42**
Respondent's desired family size	.16**	--
Education	.16**	04
Respondent born in Latin America	-.09	.24**
Importance of having children	-.01	.20**
Importance of controlling number of children	.06	.14*
Agreement that each child brings bread under arm	-.02	.18**
Being employed	.02	.03
Being married	-.02	--
Income	.03	.14
Proportion variance accounted for (R^2)	.79**	.39**
N	76	76

Note: Listwise deletion of missing data resulted in 76 rather than 100 subjects being included in analyses.

* Significant at $p < .05$

** Significant at $p < .01$